An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 139

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Daffodil Children Services Ltd**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced**
Date of inspection:	**5th & 6th July 2022**
Registration Status:	**Registered from the 3rd of August 2021 to the 3rd of August 2024**
Inspection Team:	**Catherine Hanly** **Lisa Tobin**
Date Report Issued:	**13th September 2022**

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.
The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.
During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 3rd of August 2018. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from the 3rd of August 2021 to the 3rd of August 2024.

The centre was registered on a multi-occupancy basis to provide short to medium term care for up to four young people, aged thirteen to seventeen, utilising a therapeutic support care model devised by the company as a framework for positive interventions with young people. The model combines approaches from a range of evidence-based interventions into a framework to form a model known as STEM, systemic therapeutic engagement model. There were two young people living in the centre at the time of the inspection; one of whom had moved in only four days prior to inspectors' onsite visit to the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff. The allocated social worker for the young person that had been residing at the centre for a period of time was not available to inspectors during the inspection process but did respond to queries thereafter. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 14th of July 2022. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 27th of July 2022. Inspectors were not satisfied with the content of this CAPA and asked for further detail to develop the intended actions in response to the actions identified. A second CAPA was submitted on the 23rd of August. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 139 without attached conditions from the 3rd of August 2021 to the 3rd of August 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care practices and operations policies
Regulation 16: Notification of Significant Events
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors found that young people were listened to and facilitated to express their views and choices with regards to their daily living. The main forum for this was through the young people's meetings which were held on a weekly basis in which staff brought forward relevant topics for discussion including healthy eating, aftercare, the importance of education and work and the changing dynamics in the centre as the cohort of young people changed. This meeting was utilised to encourage young people to devise the weekly menu in the centre. Inspectors reviewed records of individual work with one young person and found that these too demonstrated that the child was being listened to and that they were encouraged to be an active participant in their own placement planning at the centre. There was evidence also of efforts by staff to explain reasons for decisions made that impacted on them and their care.

Young people were made aware of, and had accessed, available supports outside of the centre such as EPIC. Inspectors found that the young person's booklet did not include detail on the Tusla 'Tell Us' policy although staff had some awareness of this, inspectors recommend that the centre manager revisit the levels of knowledge and awareness with the team of this process.

The centre had a policy on complaints that detailed the rights of a person wishing to make a complaint and outlined the process in place for both informal and formal complaints. Inspectors found that the staff were clear about hearing and responding to complaints from young people as well as the expectations of recording and reporting of these. There were several complaints on file, both formal and informal, made by current and former residents. Inspectors found it difficult to track the exact number of complaints as the recording of these was not consistent with practice as described by staff and management.
Formal complaints reviewed by inspectors were recorded clearly through to outcome. Although not all records were maintained together. For example, a formal complaint

made by a young person that was investigated by the manager and had a follow up mediation piece done by a social care leader with the young person and the staff member involved was not all recorded and stored together. Separately, the centre manager informed inspectors that they maintain their own file on complaints made by young people. Instead, the record and outcome of complaints should be stored in the child's Care Record as stipulated within the standards. The centre register should document a summary of all complaints made by young people in the centre.

Informal complaints were not always clearly and consistently recorded. Staff and the manager stated that if a matter was documented as an informal complaint on three occasions, this would be escalated as a formal complaint. This was not in the centre policy and was not consistently realised in practice. Some matters were recorded as informal complaints although they related to staff practice or the young person's perception of same. Additionally, an entry in the informal complaints register noted that the young person's complaint was "about social worker". This should have been processed via 'Tell Us'. It was noted in team meeting minutes that one young person "had made several complaints" about a particular matter however inspectors could only find one documented complaint about that matter. Informal complaints may, and in some instances were, escalated immediately to formal complaints and managed through that process. This was typically at the determination of the centre manager. Based on the definition of a formal complaint in the centre's policy document inspectors recommend that all complaints relating to staff practice are interpreted and responded accordingly to as a formal complaint. Centre management must review and refine the complaints system to ensure that the system for recording, monitoring, and reviewing all complaints is reliable and responsive.

The social worker, in response to inspector's queries, indicated that they were aware of all complaints made by their young person throughout their placement at the centre and they were satisfied with how the centre had managed and responded to these.

The centre policy included the right of parents, neighbours, and others to make a complaint utilising the same mechanism as for young people. In practice however, this mechanism had not been communicated to neighbours when a complaint had been made about the condition of the property. Instead, a senior manager within the company had liaised directly with the neighbour, despite the neighbours contacting the centre manager directly. In addition, what could be perceived as an informal complaint by the parents of a young person about the condition of the property had

not been picked up by management as such and addressed in accordance with the centre's own policy.

The staff members interviewed by inspectors described themselves as advocates for the young people. Inspectors found from evidence gathered that this position as advocates could be strengthened. For example, the impact of ongoing property destruction caused by one young person to the living environment of another should have been documented as a complaint and escalated on their behalf. The fact that this young person was facilitated by family to remain in an alternative location for an extended period due to the extent of the property damage and delay in addressing it, had not been documented as a significant event or escalated as such on the young person's behalf.

Inspectors found that the service manager was reviewing complaints through a range of mechanisms however the oversight, tracking and learning arising from complaints needs to be strengthened. The centre had not reviewed their complaints system nor sought the input of young people in doing so. It was acknowledged that young people had been dissatisfied with outcomes from complaints and had been offered to appeal said outcome but had declined this opportunity. This was not evidenced in records and this aspect of complaints needs to be strengthened. Complaints were not reviewed as part of the significant event review group mechanism (SERG). Inspectors reviewed one SERG record relating to a significant event that had also resulted in a complaint by a young person. Whilst the behaviour of the young person and actions of staff in this event were reviewed, the content of the complaint was not. Where a significant event leads to a complaint, the SERG should take consideration of all related aspects of the event.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16** **Regulation 17**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**None identified**
Practices met the required standard in some respects only	**Standard 1.6**
Practices did not meet the required standard	**None identified**

Actions required

- Centre management must review and refine the complaints system to ensure that the system for recording, monitoring, and reviewing all complaints is reliable and responsive.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The centre had several detailed policies in place relating to child protection. These included safeguarding and child protection, bullying, protected disclosures, and complaints. The policy on safeguarding and child protection had most recently been reviewed in December 2021. The staff team, with one exception of a newly recruited member, had completed training in child protection with an external training company and had completed the Tusla Children First E-Learning programme in accordance with centre policy requirements. The registered proprietor was the named Designated Liaison Person (DLP) for the company and had delegated this authority to each centre manager. The staff members interviewed by inspectors were knowledgeable about the role of the DLP and clearly understood their mandated reporting responsibilities.

The centre had a Child Safeguarding Statement (CSS) in place which had been updated in January 2022 and had been submitted to the Tusla Child Safeguarding Statement Compliance Unit. Staff in interview were familiar with the content of this CSS but were less confident in naming safeguarding practices in daily operation at the centre. This is an area of practice that should be revisited with the staff team.

The manager informed inspectors that there was an existing deficit of two posts in the current staff quota. The older of the two residents was engaging in a transition plan involving a significant amount of time at their identified move-on placement. This was being facilitated by the staff team due to the location and the lack of suitable public transport. The numbers of staffing available impact the teams' ability to provide the appropriate and safe level of cover in accordance with the needs of the young people resident. A recent inspection found that staff had been working back-to-back shifts and working hours without allowing for appropriate breaks due to

shortages on the staff team. In response to the draft inspection report, management identified that the centre had the minimum quota of staff required – eight social care staff. And further, that there were soon to be three relief staff available to support the fulltime staff team and the company was in the process of recruiting an additional fulltime staff member. Centre management will need to ensure that there are consistently sufficient staff available to the young people.

The management and staff members interviewed showed an awareness of the vulnerability of young people and spoke at length with inspectors about the efforts to educate the young people about their own vulnerabilities. There were records on file to support that pieces of individual work had been undertaken with a young person to assist their understanding in this area of need. This was impacted to some degree, according to centre staff, by the non-implementation of the assessment report referred to later in detail in this report.

The centre had a policy on bullying and there was evidence that some pieces of work had been completed by a staff member with the young person. Issues regarding bullying behaviour had also been raised in the young people's meeting as a topic for discussion. Inspectors noted that bullying behaviour was included in individual crisis support placement plans and risk assessments. Nonetheless, bullying-type behaviours amongst young people and directed by young people towards staff appeared to be a persistent issue which will require ongoing work and attention by the staff team.

There was one open child protection and welfare report related to a young person at the centre. This had been submitted by a staff member following an allegation of physical assault by the young person. According to records and information provided by centre staff and management, this young person's transition plan had been postponed at the direction of the allocated social worker pending the outcome of a screening process. However, this decision had been subsequently overturned by the social worker the following day without any screening having taken place though the social worker had completed interviews with relevant parties and stated they were satisfied with the safeguards in place to allow the access visit to go ahead. Whilst management and staff informed inspectors that they did not agree with this, there was no evidence on file to indicate that they had made this argument known either to the social worker involved or to any other representative. The information provided by the social worker would seem to contradict somewhat the information provided at the centre which perhaps indicates the need for centre staff to ensure accurate ad full records of all social work contact. As noted earlier in this report, the strengthening of

the advocacy role of the staff team would further support young people in recognising and managing their own vulnerabilities; and would strengthen their role in safeguarding young people.

The centre had a policy on protected disclosures and staff aware of same. Inspectors were told about staff "being on the same page" and being consistent in their approach, it is equally important that the manager generate and maintain a culture of openness and transparency including the questioning one another's practice in a safe and constructively supportive environment. The team meeting minutes reviewed by inspectors were limited in detail, so this practice was not evident therein.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**None identified**
Practices met the required standard in some respects only	**Standard 3.1**
Practices did not meet the required standard	**None identified**

Actions required

- Centre management must prioritise filling the identified gaps on the fulltime staff team to ensure that the levels are appropriate to safeguard the needs of the young people resident.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

There were two young people residing in the centre at the time of this inspection. One young person had been resident there approximately eighteen months and the second young person had only moved into the centre four days prior to inspector's onsite visit. For the longer-term resident, there was a statutory care plan that had been developed five months prior. This plan outlined some of the progress the young

person had made but also detailed some areas of need in terms of their overall health, social skills development, and emotional and behavioural development. A meeting between the centre management and social work department at the outset of this young person's placement in the centre had identified the need for a comprehensive assessment of need to determine the necessary and appropriate supports they would require. A detailed professional report following this assessment was on the young person's file, but inspectors were told by centre management and staff that the recommendations detailed in this report including occupational therapy and speech and language therapy as well as ongoing psychological input, had not been implemented. It was the shared view of the staff team in the centre that the non-implementation of these recommendations had significantly impacted on the young person's overall progress and development in the identified areas of need. The social worker returned from extended leave following the draft report being issued. They stated that this professional had stated, after conducting the assessment, that they were not a clinical psychologist and therefore were not qualified to make specific recommendations regarding treatment/intervention.

Inspectors reviewed the medical records on file for the longer-term resident and found that the records pertained to health and medical input during their placement as opposed to a clear and complete record of all relevant information from birth. It also lacked information about a medical condition that the young person had which was documented in their behaviour support plans and elsewhere in the file. A staff member informed inspectors that they had devised and delivered a specific piece of work with the young person focused on healthy eating and body weight. There were references to this in various places across the file but no substantial documentation of this indicative of it being a coordinated piece as outlined in a placement plan. Centre management must ensure that for all residents, they work with the allocated social worker to secure a complete and clear record of all medical and health information for the care record at the centre. They should also document structured pieces of work that show a young person's progress in achieving their physical and mental health goals.

There was relevant information on the young person's file relating to GP consultations, some vaccinations and medical assistance offered on occasions. Dental work had been identified as required and pricing for same secured however this had not been approved by the social worker and so had not been completed. Inspectors recommend that this follow up is prioritised by centre management with the social work department as the young person's departure from this centre and care was imminent.

The longer-term resident was registered with a local GP practice and had a medical card on file. The centre had a policy on the administration of medication that included the appropriate storage of all medication, including those deemed as controlled substances. The staff interviewed were clear about the requirements of this policy and the staff team had also completed training in the safe administration of medication. There were records of the administration of over-the-counter medication on file however the records of this were not consistently in accordance with the centre's policy on this matter. Centre management and staff must ensure that the signatures of the required persons are consistently detailed in the medication administration records and where young people refuse to sign, this should be documented clearly.

The most recently admitted young person did not have a comprehensive care record yet on file. Inspectors found that they had not been admitted in accordance with the centre's own policy and lacked a current statutory care plan that would identify their physical and mental health needs and there had been no transition plan. Both were part of the centre's policy requirements. In addition, no date had been agreed with the placing social work team to conduct a professionals meeting within which the aims of the placement could be identified and agreed. This young person came with a list of prescribed medications, including one deemed to be a controlled substance. Whilst the manager and staff had been given guidance on the administration and storage of this latter medication, this was from the young person's previous carers. The centre manager had made an appointment with the young person's GP to obtain clarity about all their medication for the centre's own records. However, the lack of robust placement planning and adherence to centre policy on admissions led to a situation of a period of one week whereby staff and centre manager were acting in the absence of direct medical advice.

Compliance with regulations	
Regulation met	**Regulation 10**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**None identified**
Practices met the required standard in some respects only	**Standard 4.2**
Practices did not meet the required standard	**None identified**

Actions required

- Centre management must ensure that for all residents, they work with the allocated social worker to secure a complete and clear record of all medical and health information for the care record at the centre.
- Centre management to prioritise securing funding for dental work identified.
- Centre management and staff must ensure that the signatures of the required persons are consistently detailed in the medication administration records and where young people refuse to sign, this should be documented clearly.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	Centre management must review and refine the complaints system to ensure that the system for recording, monitoring, and reviewing all complaints is reliable and responsive.	The Senior Management Team discussed the complaints system and policy (inclusive of a register) at the recent Senior Management Meeting on 11.08.22 and are committed to a review to enhance the Complaints system and to ensure that occurrences can be easily monitored, and escalated and that all identified works are completed, and available to review in one location. This review is on the agenda of the next meeting which is scheduled to take place on 15.09.22. Once this review is completed, the revisions will be communicated to all centre teams.	A presentation on the revised Complaints Policy and procedure will be completed with all centre teams. This will be supported by the completion of a Regional Management audit to ensure that compliance with expectations is in place.
3	Centre management must prioritise filling the identified gaps on the fulltime staff team to ensure that the levels are appropriate to safeguard the needs of the young people resident.	Ongoing recruitment efforts continue on a weekly basis, with interviews are being held on 8th,15th, 25th July. The centre requires one additional social care worker. On-going interviews being	Ongoing weekly recruitment updates and meetings occur to identify gaps and schedule interviews accordingly.

		completed.	
4	Centre management must ensure that for all residents, they work with the allocated social worker to secure a complete and clear record of all medical and health information for the care record at the centre. Centre management to prioritise securing funding for dental work identified. Centre management and staff must ensure that the signatures of the required persons are consistently detailed in the medication administration records and where young people refuse to sign, this should be documented clearly.	Centre Manager to ensure oversight of identified areas and follow up with Social Work Departments on a regular basis and escalate as necessary. Centre Management to ensure oversight of following up funding for dental work, recording all communications and to escalate as necessary. Centre Management and staff team are to ensure all staff team are signing consistently in medication administration records. Young people will be encouraged to sign medication administration forms. Where they refuse, this will be recorded and filed directing the reader to the associated document.	Centre Management to keep accurate records of communication with social work department in terms of requesting funding. Centre management should continue to request same and escalate matter with regional manager. Centre Management to keep accurate records of communication with social work department in terms of requesting funding. Centre management should continue to request same and escalate matter with Regional Manager as required. Centre management team will oversee medication and the completion of associated records at each Handover. In addition, centre management will review medication records on a regular basis evidencing their oversight through the signing of documents